

## RACI Matrix in Brief for FICEMS- June 2019

### **Evidence-Based Practice and Quality Committee**

<b>Goal 2: Data-driven and evidence-based EMS systems that promote improved patient care quality</b>	
<b>Objective 2.1:</b> Support the development, implementation, and evaluation of evidence-based guidelines (EBGs) according to the National Prehospital EBG Model Process	
<b>Task</b>	<b>Brief Status Update</b>
1) Brief FICEMS on the status of EBG development and implementation. (E.g. EBG Model Guidelines and Implementation, National Strategy and Publications)	<ul style="list-style-type: none"> <li>• The AHRQ Evidence-based Practice Center (EPC) program continues collaborating with NHTSA OEMS on an Evidence-based Report “Pharmacological management of acute pain by EMS in the prehospital setting.” AHRQ received public feedback during the draft report review process. The final report is expected to be published in summer 2019 and will be used to update the EBG for prehospital analgesia in trauma. The EBG will then be promoted for incorporation into State and local EMS protocols and practice guidelines.</li> <li>• NHTSA executed an interagency agreement to provide funding to AHRQ for a Topic Refinement on Prehospital Airway Management, an intermediary step that precedes a literature synthesis. NHTSA anticipates executing a FY20 interagency agreement to fund a literature synthesis after completion of the topic refinement. Development of an airway management EBG was one suggestion NHTSA heard from stakeholders in response to FICEMS’ prehospital trauma RFI.</li> <li>• NHTSA has had ongoing discussions with federal partners regarding a planned revision of the CDC’s Field Trauma triage guidelines and will provide an update to FICEMS before the end of 2019</li> </ul>
2) Identify mechanisms to disseminate EBGs to stakeholders	<ul style="list-style-type: none"> <li>• The Emergency Medical Services for Children Program sponsored a Webinar on “Prehospital Care of Children: Review of Evidence Based Guidelines” which focused on prehospital pediatric evidence-based guidelines for the management of asthma, seizures, pain, and cardiac arrest. The webinar is archived on the EIIC website at: <a href="https://emscimprovement.center/education-and-resources/webinars/">https://emscimprovement.center/education-and-resources/webinars/</a></li> <li>• The Prehospital Guidelines Consortium engages EMS stakeholder organizations, institutions, agencies and leaders in a sustainable process that promotes the development, implementation and evaluation of evidence-based guidelines for prehospital care. More information about the group can be found here: <a href="http://prehospitalguidelines.org/">http://prehospitalguidelines.org/</a></li> </ul>
3) Update FICEMS regarding research including NIH research and emergency care networks including	The EMSC grantee - the Charlotte, Houston, and Milwaukee Prehospital (CHaMP) node of PECARN , recently had an article accepted for publication in Pediatric Emergency Care: Paramedic-Identified Enablers of and Barriers to Pediatric Seizure Management: A Multicenter, Qualitative Study by J Carey, J Studneck,et.al. It is available online:

NIH-OECR, EMSC PECARN, and other initiatives.	<a href="https://www.tandfonline.com/doi/full/10.1080/10903127.2019.1595234?scroll=top&amp;needAccess=true">https://www.tandfonline.com/doi/full/10.1080/10903127.2019.1595234?scroll=top&amp;needAccess=true</a>
4) Explore options for developing performance measures that support EBG implementation, e.g. through the ORHP for FLEX grants and CAHs	The Paul Coverdell National Acute Stroke Program (PCNASP) has developed performance measures for EMS quality improvement for potential stroke patients. Nine state grantees are in various stages of implementing data collection for the measures and linkage to in-hospital data. PCNASP has also been working with EMS systems in funded states to improve EMS knowledge of stroke, prehospital stroke care guidelines and identification of potential stroke, triage from the field to most appropriate stroke center, improving the transition of care from EMS to ED staff, and implementing feedback from hospital to EMS on patient diagnosis and outcome.
5) Support improvements in responses to active shooter situations/ other trauma r/t implementation of external hemorrhage control EBG.	

<b>Goal 1: Coordinated, regionalized, and accountable EMS and 911 systems that provide safe, high-quality Care</b>	
<b>Objective 1.1: Identify and promote the development and use of EMS performance measures and Benchmark</b>	
Task	Brief Status Update
Support the development and use of EMS performance measures and benchmarks.	NHTSA and the HRSA EMSC program has engaged the American College of Emergency Physicians (ACEP) to facilitate the development of a mechanism, organizational structure and sustainability model that enables meaningful assessment of performance of EMS called the National EMS Quality Alliance. These performance measures involve emergency and non-emergency medical services, first-responders, and entities providing mobile integrated health care/community paramedicine services. NEMSQA will develop and endorse evidence-based quality measures for EMS and healthcare partners that improve the experience and outcomes of patients and care providers. More information is available at: <a href="http://www.nemsqa.org/">http://www.nemsqa.org/</a>

<b>Goal 4: EMS systems that are sustainable, forward looking, and integrated with the evolving health care system</b>	
<b>Objective 4.4: Apply lessons learned from military and civilian incidents to the EMS community</b>	
Task	Brief Status Update
Support the Dissemination and Implementation of the NASEM Report, "A National Trauma System Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths After Injury"	